

EXECUTIVE SUMMARY

INTRODUCTION

The Nebraska Behavioral Risk Factor Surveillance System (BRFSS) has been conducting surveys annually since 1986 for the purpose of collecting data on the prevalence of major health risk factors among adults residing in the state. Information gathered in these studies can be used to target health education and risk reduction activities throughout the state in order to lower rates of premature death and disability.

METHODOLOGY

This surveillance system is based on a research design developed by the Centers for Disease Control and Prevention (CDC) and used in all 50 states, the District of Columbia, and three U.S. territories.

Telephone surveys with 27,199 randomly selected Nebraska residents aged 18 and older were conducted by the Nebraska Department of Health and Human Services during 2007 and 2008.

SUMMARY OF RESULTS

A comparison of prevalence estimates for selected risk factors for Nebraska and the nation is shown in Table 1. In general, prevalence rates for most risk factors were similar to the national medians. Still, a few differences were noted, particularly in rates for some preventive measures.

ACCESS TO HEALTH CARE

Nebraska fared slightly better than the United States as a whole in the proportion of adults aged 18 to 64 without health insurance.

HEALTH STATUS

The self-reported health status of Nebraskans was a little better than that of Americans overall, with the proportion of adults who said their general health was “fair” or “poor” two percentage points lower than the nationwide rate. The proportion of adults who reported that their activities were limited by physical, mental or emotional problems was also somewhat smaller in Nebraska than in the U.S. overall. For most of the other measures of health status shown in Table 1 (prevalence of chronic conditions such as diabetes, asthma, high blood

pressure, and elevated blood cholesterol), Nebraska rates were only slightly lower.

RISK FACTORS

Differences in prevalence of risk factors were generally small, with prevalence rates for Nebraska and the nation nearly identical for cigarette smoking, obesity, physical inactivity, and heavy drinking. Prevalence of binge drinking was higher for adults in Nebraska, compared to the U.S. rate.

GOOD HEALTH HABITS

Nebraska adults were somewhat more likely than American adults overall to participate in the recommended level of moderate/vigorous physical activity in a usual week. The proportion of Nebraskans who engage in vigorous physical activity was also somewhat higher than the national median rate.

PREVENTIVE MEASURES

Adults in Nebraska were less likely than Americans overall to take certain preventive screening measures. Despite recent improvements in rates, the proportion of Nebraskans aged 50 and older who ever had a colonoscopy or sigmoidoscopy to screen for colorectal cancer still lags behind the national rate. The proportion of women aged 40 and older who reported having a mammogram to screen for breast cancer in the past two years was also somewhat lower than the U.S. rate.

In other preventive measures, Nebraska performed better than the nation. A greater proportion of adults aged 65 and older had a flu shot in the past 12 months. Nebraskans in this age group were also more likely than adults nationwide to report ever having a pneumonia vaccination.

POPULATION SUBGROUPS

Analysis of behavioral risk factor data also indicates that certain population subgroups are at greater risk for premature death and disability than the population as a whole. Young adults, persons with less education (particularly those who have not completed high school), and persons with low household incomes are often at greater risk due to health-related behaviors measured in this study. Racial and ethnic minority groups in Nebraska are generally at greater risk for

premature death and disability than the non-Hispanic white population of the state.

Although for many risk factors prevalence was similar in rural and urban areas of the state, some differences were found. Rural residents were at greater risk than those living in urban counties due to lack of health insurance. Rural residents were also less likely to have received some kinds of recommended health screening and preventive care. Prevalence of some risk behaviors, such as not always wearing seat belts, was also high for rural respondents.

There were several indicators for which a large number of local/district health departments (LHDs) reported rates that were significantly worse than the state. Twelve of the 20 LHDs had significantly lower proportions of adults aged 50 or older who ever had a colonoscopy or sigmoidoscopy to screen for colorectal cancer. Several LHDs reported significantly smaller proportions of adults who had visited the dentist or had their teeth cleaned in the past 12 months. The proportions of persons aged 65 and older who had a flu shot in the past 12 months or ever had a pneumonia vaccination were also significantly lower than the corresponding state rates for several LHDs. Six LHDs reported significantly lower proportions of adults who had visited a physician for a routine checkup in the past 12 months.

HIGHLIGHTS FOR SPECIFIC RISK FACTORS

ACCESS TO HEALTH CARE

- Among Nebraskans aged 18 to 64 years, 14.5 percent stated they did not have any type of health insurance at the time of the survey.
- From 1993 to 2000, the proportion of uninsured adults under age 65 remained fairly steady at 10 to 11 percent. Since then, rates have ranged from 14 to 17 percent.
- A similar proportion of adults (15.1 percent) do not have a personal doctor or health care provider.
- One in ten BRFSS respondents reported that, at least once in the past 12 months, they had been unable to see a doctor due to the potential cost of care.
- The proportion of adults who visited a physician for a routine checkup in the past 12 months decreased. Although 61.8 percent of adults stated they had their last routine checkup within the past 12 months, 12.5 percent said that it had been more than five years since they had a checkup or they had never seen a physician for this purpose.

GENERAL EMERGENCY PREPAREDNESS

- BRFSS respondents were asked a series of questions about large-scale disasters or emergencies. The interviewers explained to them that this means “any event that leaves you isolated in your home or displaces you from your home for at least 3 days. This might include natural disasters such as hurricanes, tornadoes, floods, and ice storms, or man-made disasters such as explosions, terrorist events, or blackouts.”
- Only 26.0 percent of Nebraska adults rated their household well-prepared for such an occurrence, while 16.1 percent said they were “not prepared at all.”
- Three-fourths of BRFSS respondents (75.9 percent) stated that they had no disaster evacuation plan in place.
- More than one-half (54.7 percent) indicated their household did not have a three-day supply of water on hand, while 16.7 percent did not have a three-day supply of non-perishable food. Although the majority of respondents reported having a three-day supply of prescription drugs for household members, 15.3 percent said they did not.
- Five out of six adults reported that their household does have a working battery-operated radio and batteries for them to use if the electricity is out. However, 16.6 percent said they did not have this kind of radio. Nearly all respondents (96.6 percent) did have a working flashlight and batteries that they could use in an emergency.
- The great majority of BRFSS respondents (95.2 percent) indicated that they would evacuate from their community if public authorities announced a mandatory evacuation. Only 4.8 percent said they would not leave home if evacuation was required.
- Most respondents (73.4 percent) said they would rely on their cell phones to communicate with relatives and friends in the event of a large-scale disaster. More than one-half (56.8 percent) reported that their main method of getting information from the authorities in a disaster would be the radio, while 17.7 percent said television broadcasts would be their method of choice.

HEALTH-RELATED QUALITY OF LIFE

- As in past studies, the majority of Nebraska adults (88.0 percent) rated their general health “good” to “excellent”. However, 12.0 percent characterized their health as “fair” or “poor”.
- Respondents reported an average of 2.8 days in the past 30 days when they felt their physical health was

“not good”, while their mental health was “not good” on 2.5 days in the past month, on average.

- Adults who reported one or more days of poor physical or mental health averaged 3.3 days in the past month when their health kept them from participating in their usual activities.

DISABILITY

- The proportion of adults who experienced limitation in one or more activities because of physical, mental, or emotional problems has gradually increased from 15 percent in 2001-2003 to 17.8 percent in 2007-2008.
- A smaller proportion of adults (6.1 percent) said they have a health problem that requires them to use special equipment, such as a cane or wheelchair.
- Respondents who reported having an activity limitation or a health problem requiring use of special equipment are defined in this study as having a disability.
- Nearly one-half of the adults participating in the BRFSS (48.3 percent) stated they “always” get the social and emotional support they need. Almost as many (44.5 percent) reported that they were “very satisfied” with their lives.

REACTIONS TO RACE

- Overall, 61.0 percent of adults in Nebraska said they never think about their race. Smaller proportions said they think about it more often, with frequency ranging from once a year to thinking about their race constantly. However, significant differences were found by race and ethnic origin of respondents. Hispanic Americans (32.8 percent) and Native Americans (18.3 percent) were significantly more likely than non-Hispanic whites (1.3 percent), Asian Americans (1.9 percent), and non-Hispanic persons of “other” races (3.4 percent) to say they think about their race “constantly”. Among African Americans, 26.8 percent reported thinking about their race this frequently.
- In the workplace, Hispanic Americans (9.8 percent) and Native Americans (8.8 percent) were significantly more likely than non-Hispanic whites (1.3 percent) to report being treated worse than people of other races. Among African Americans, 29.2 percent felt they were treated worse than persons of other races at their place of employment.
- Significantly greater proportions of African Americans (9.0 percent) and Native Americans (7.8 percent) stated that their experiences in seeking health care were worse than that for people of other races, compared to non-Hispanic whites (1.4 percent) and non-Hispanic persons of “other” races (0.9 percent).

However, the majority of all racial/ethnic groups said their experiences were the same as those among people of other races.

- Only a small proportion of respondents (1.9 percent) stated they had any physical symptoms such as headache, upset stomach, tensing of muscles, or a pounding heart in the past month due to the way they were treated based on their race. Prevalence of these physical symptoms was significantly more common among Hispanic Americans (9.8 percent), African Americans (7.3 percent), and non-Hispanic persons of “other” races (8.0 percent) than among non-Hispanic white (1.0 percent) respondents. Among Native Americans, 21.0 percent reported having physical symptoms in these circumstances.
- A similar pattern was evident in responses to a question asking if they had “felt emotionally upset, for example angry, sad, or frustrated” as a result of how they were treated due to their race in the past 30 days.

MENTAL HEALTH

- In 2007, BRFSS respondents were asked a series of questions about how they had been feeling during the past 30 days (the K-6 scale), in order to determine prevalence of “serious psychological distress” (SPD) among adults. Based on these questions, 2.6 percent of adults in Nebraska had SPD in the month prior to the survey.
- Prevalence rates for two chronic diseases--coronary heart disease and diabetes--were significantly greater among persons who had SPD in the past 30 days than among those who did not. Prevalence rates for two unhealthy behaviors—physical inactivity and obesity--were also significantly higher among persons with SPD than among those who did not have this condition.
- One in nine adults (10.9 percent) stated they were currently taking medication or receiving treatment from a physician or other health care provider for a mental health condition or emotional problem.
- The majority of adults in this study strongly agreed (68.0 percent) or slightly agreed (25.7 percent) with the statement that “Treatment can help people with mental illness lead normal lives.” Persons who had mental illness and were receiving treatment for it (81.0 percent) were much more likely than those who had SPD but were not being treated for it (66.5 percent) to strongly agree that treatment can help.
- Compared to their level of agreement that treatment can help people with mental illness lead normal lives, fewer respondents strongly agreed (21.1 percent) with the statement that “People are generally caring and

sympathetic to people with mental illness.”

MENTAL HEALTH—ANXIETY/DEPRESSION

- In 2008, 8.7 percent of adults were categorized as currently having depression.
- A total of 16.5 percent of adults indicated they had ever been told by a health professional that they have a depressive disorder, while 10.2 percent had been diagnosed with an anxiety disorder.
- Asthma was significantly more prevalent among persons with current depression, persons with a lifetime diagnosis of depression, and those with a lifetime diagnosis of anxiety. Prevalence of stroke and diabetes were both significantly greater among adults with a lifetime diagnosis of depression than among those who had never been told they have depression.
- In addition, the mean number of chronic diseases reported was significantly higher for respondents with current depression, a lifetime diagnosis of depression, and a lifetime diagnosis of an anxiety disorder. These findings suggest an association between chronic diseases in general and these mental illnesses.
- In this study, depression was associated with more unhealthy behaviors than was anxiety. Prevalence rates for physical inactivity and obesity were significantly higher for respondents with depression (either current or lifetime) than rates for those who never had depression. Prevalence of current smoking was significantly higher among respondents with current depression than among those who weren't currently depressed.
- Prevalence rates for current smoking and physical inactivity were significantly greater among persons with a lifetime diagnosis of an anxiety disorder than among those who had never been diagnosed with this condition.
- The average number of unhealthy behaviors reported per respondent was significantly higher for persons with depression (current or ever diagnosed) or anxiety than for those who never had these illnesses.

SLEEP

- In 2008, 70.1 percent of adults reported at least one day in the past 30 days when they felt they did not get enough sleep or rest. Nearly nine percent of all adults stated they had insufficient rest or sleep every day during the past month.
- Overall, adults in Nebraska averaged 8.1 days out of the past 30 days when they did not get enough sleep.

CARDIOVASCULAR DISEASE

- About four percent of adults said they had ever been told they had a heart attack (3.9 percent) or that they have angina or coronary heart disease (4.0 percent). Fewer respondents reported ever being told by a health professional that they had a stroke (2.4 percent).
- More than one-fourth of respondents to the 2007 Nebraska BRFSS (26.5 percent) said they had been told by a health professional that their blood pressure is high. An additional 1.5 percent said they were told that their blood pressure is “borderline high” or that they are “pre-hypertensive”.
- Although the proportion of adults in Nebraska who have been told they have high blood pressure has not changed a great deal over time, prevalence appears to be moving gradually upward.
- Among respondents who have ever been told their blood pressure is high, 79.7 percent said they are currently taking medication for this condition.
- Nearly three-fourths of Nebraska adults (73.8 percent) had their blood cholesterol level tested within the past five years.
- Among respondents who ever had their blood cholesterol level checked, more than one-third (36.6 percent) said their doctor or other health professional told them it was high.
- Prevalence of elevated cholesterol levels has increased over the years, from 24 percent in 1989-1990 to the current high of nearly 37 percent in 2007.

DIABETES

- In 2007-2008, 7.4 percent of adults in Nebraska said a doctor had told them they have diabetes.
- Prevalence of diabetes among the adult population remained fairly constant at 4 to 5 percent between 1994 and 2001. Prevalence rose to 6 percent in 2002, then continued upward to 7.8 percent in 2008.

ARTHRITIS

- In 2007-2008, 41.7 percent of BRFSS respondents were categorized as having probable or diagnosed arthritis.
- One-third (32.2 percent) of persons with probable or diagnosed arthritis reported activity limitations due to physical, mental, or emotional problems. In comparison, 17.8 percent of adults overall reported activity limitations due to these problems.

ASTHMA

- Among Nebraska adults, 10.9 percent said a doctor or other health professional had at some time told them they had asthma. When asked if they still have asthma, 7.6 percent of all respondents said they do.
- In 2007-2008, 8.5 percent of randomly-selected children in surveyed households were ever diagnosed with asthma. A smaller proportion (6.3 percent) were reported to currently have this disease.

GASTROINTESTINAL DISEASE

- In 2007, 16.4 percent of adults stated that they had diarrhea that began within the previous 30 days. Of these, 12.7 percent said they visited a doctor for this illness.

INJURY PREVENTION

- Seven out of ten adults (70.2 percent) reported that they “always” use a seat belt when driving or riding in a car.
- Falls are the second leading cause of unintentional injury deaths in Nebraska. Eighteen percent of individuals aged 45 and older said they had at least one fall in the past three months. Among those who had fallen, 25.8 percent stated that they had been injured.

OVERWEIGHT AND OBESITY

- In Nebraska, 27.3 percent of BRFSS respondents reported heights and weights that placed them in the “obese” category in 2007-2008. More than one-third (37.0 percent) were classified as “overweight but not obese”. Thus, a total of 64.3 percent of Nebraska adults were categorized as “overweight or obese” with a Body Mass Index reading of 25.0 or greater.
- The proportion of adults who are at risk due to overweight or obesity has increased considerably over the years. Prevalence has increased by 18 percentage points—from 46 percent in 1989 to 64 percent in the current study. However, prevalence has remained stable in the past four years (at 63 to 64 percent).
- The greatest share of the increase in overweight and obesity has occurred in the obese category. Prevalence of obesity among adult Nebraskans has more than doubled between 1992 (12 percent) and 2008 (28 percent).

CONSUMPTION OF FRUITS AND VEGETABLES

- Three-fourths of adults in Nebraska (75.9 percent) ate fruits and vegetables less frequently than the five or more times recommended for good nutrition in

the 2000 Dietary Guidelines for Americans. However, some improvement was noted in 2007 when the proportion of respondents meeting the “five-a-day” recommendation increased to 24 percent, after remaining steady at 18 to 22 percent since 1990.

PHYSICAL ACTIVITY LEVELS

- In 2007-2008, 23.4 percent of adults stated that they had not participated in any physical activities or exercise outside of their regular job in the past month. Prevalence of physical inactivity has remained fairly stable since 2002, ranging from 21 to 25 percent.
- More than one-half of adults in Nebraska (52.0 percent) engaged in activities meeting the requirements for moderate and/or vigorous physical activity in a usual week. “Moderate” physical activities cause “small increases in breathing or heart rate.” To achieve the recommended activity level, participants performed 30 or more minutes per day of moderate physical activity for five or more days per week and/or 20 or more minutes per day of vigorous physical activity on three or more days per week.
- In a “usual week”, 30.6 percent of Nebraska BRFSS respondents participated in “vigorous” physical activity (i.e., activities causing large increases in breathing or heart rate) for 20 or more minutes per day on three or more days per week.

TOBACCO USE

- In 2007-2008, 19.2 percent of Nebraskans aged 18 and older stated that they currently smoke cigarettes. Smoking prevalence remained fairly steady between 1993 and 2002 (at about 22 percent). Since then, it has edged downward, averaging 19 percent over the past three years.
- When asked if they had quit smoking for one day or more in the past year, 51.8 percent of current smokers in the 2007-2008 BRFSS said they had. The proportion of smokers who tried quitting ranged from 51 to 57 percent since 2001, up from the mid-40’s for most years from 1994 through 2000.

ALCOHOL MISUSE

- Binge drinking was much more prevalent than either heavy drinking or drinking and driving among BRFSS respondents. In 2007-2008, 18.5 percent of adults stated that they had five or more alcoholic drinks (four or more for women) on at least one occasion in the past month (i.e., binge drinking).
- Heavy drinking is defined here as an average consumption of more than two alcoholic drinks per

day for men and more than one alcoholic drink per day for women in the past month. Prevalence of heavy drinking was 4.5 percent in 2007-2008 in Nebraska.

- Overall, 6.8 percent of respondents to the Nebraska BRFSS said they drove a motor vehicle after having consumed too much alcohol at least once in the past 30 days.

CANCER SCREENING

- In 2007-2008, 58.7 percent of women aged 40 and over had a mammogram within the past year and 73.6 percent had this examination within the past two years.
- Screening rates increased considerably between 1993 and 1999. Since then, the rate has leveled off, with 60 to 62 percent of women in 1999 through 2007 having a mammogram in the past year. The 2008 rate of 58 percent represents a slight decrease from these earlier rates.
- The majority of women aged 18 and older (76.9 percent) reported having a Pap test within the past three years. The proportion of women who had this test in the last three years surpassed 80 percent each year since 1999, until the current study when the rate declined.
- More than three-fourths of men aged 50 and older in the 2008 Nebraska BRFSS (78.7 percent) reported ever having a Prostate-Specific Antigen (PSA) test to screen for prostate cancer. More than one-half of all males in this age group (55.4 percent) indicated they had a PSA test in the last 12 months.
- Eight out of ten men aged 50 and older (81.3 percent) in this study said they ever had a digital rectal examination (DRE). Less than one-half (44.0 percent) had this exam in the past year.
- More than one-half of persons aged 50 and older (57.1 percent in 2007-2008) reported ever having a sigmoidoscopy or colonoscopy to check for colorectal cancer. The proportion of respondents who ever had one of these tests increased from 38 percent in the 2001 BRFSS to nearly 59 percent in 2008.
- Among respondents in this age group, only 22 percent stated they had a blood stool test (using a home kit) within the past two years to screen for colorectal cancer.

HIV/AIDS

- In 2007-2008, 30.8 percent of all BRFSS respondents aged 18 to 64 years said they had ever been tested for HIV infection.
- More than one-half of the respondents who ever had this test (56.7 percent) reported having their last HIV

test between 2004 and 2008.

IMMUNIZATIONS

- In 2007-2008, three-fourths of adults aged 65 and older (76.3 percent) reported having a flu shot in the 12 months prior to the survey.
- Seven out of ten adults in this age group (71.2 percent) indicated they ever had a vaccination for pneumonia.
- Hepatitis B is a serious disease caused by a virus that attacks the liver. Routine vaccination of children aged birth through 18 years and vaccination of persons of all ages in high risk groups is recommended. In 2007, 35.2 percent of all Nebraska BRFSS respondents stated they had ever received hepatitis B vaccine.
- More than one-half of persons who were classified as “at risk” for hepatitis B infection (52 percent) reported being vaccinated for this disease. This rate represents an increase from the 2006 rate of 45 percent.

ORAL HEALTH

- In 2008, 70.6 percent of adults said they had visited a dentist within the past year. The proportion of adults who reported a dental visit within the past 12 months has been gradually declining since 2005. From 2001 through 2004, prevalence rates were steady at 74 to 75 percent, but have decreased each year since then to the current rate of 70.6 percent.
- The proportion of adults who had their teeth cleaned in the past 12 months has gradually declined over the past 8 years, moving from 77 percent in 2001 to 70 percent in 2008.
- The majority of adults (60.6 percent) reported they had lost no teeth due to tooth decay or gum disease. However, 34.7 percent said they had lost at least one permanent tooth (but not all teeth) and 4.7 percent had all their teeth extracted because of these dental problems.

ESTIMATED NUMBER OF PEOPLE AT RISK

The 2007-2008 Nebraska BRFSS shows that a substantial proportion of the adult population of the state is at risk for one or more of the factors studied. Table 2 presents estimates of the number of persons aged 18 and older in Nebraska (based on 2007 U.S. Census estimates) who are at risk due to individual factors.

For some behaviors where certain age groups are most affected (such as HIV testing, flu shots, or mammograms), appropriate population subgroups have

been used to estimate the number of persons at risk.
Relevant age groups are noted in Table 2.

TABLE 1
COMPARISON OF PREVALENCE
SELECTED BEHAVIORAL RISK FACTORS AND PREVENTIVE HEALTH MEASURES
NEBRASKA VS. UNITED STATES
2007-2008

	Nebraska %	U.S. %
ACCESS TO HEALTH CARE		
No health care coverage among adults 18-64 years old	14.5	16.8
HEALTH STATUS		
Reported general health to be "fair" or "poor"	12.0	14.6
Activities limited by physical, mental, or emotional problems (2007 only)	17.8	19.7
Health problems requiring use of special equipment (2007 only)	6.1	7.1
Ever told by health professional that they have:		
• coronary heart disease/angina	3.9	4.2
• diabetes	7.4	8.1
• asthma (current prevalence)	7.6	8.6
• high blood pressure	26.5	27.8
• high blood cholesterol	36.6	37.6
RISK FACTORS		
Cigarette smoking	19.1	19.0
Obesity (Body Mass Index = 30 +)	26.8	26.4
Overweight but not obese (Body Mass Index = 25.0 - 29.9)	37.6	36.5
No leisure-time physical activity	23.4	23.6
Binge drinking (5 or more alcoholic drinks on at least 1 occasion in the past 30 days)	18.5	15.7
Heavy drinking (>2 alcoholic drinks for men or >1 alcoholic drink for women per day)	4.5	5.2
Had all teeth extracted due to decay or gum disease (aged 65 and older)	17.2	18.5
GOOD HEALTH HABITS		
Consume fruits/vegetables at least 5 times per day (2007 only)	24.1	24.4
Participate in recommended level of moderate/vigorous physical activity in a usual week (2007 only)	52.0	49.5
Participate in vigorous physical activity in a usual week (2007 only)	30.6	28.3
PREVENTIVE MEASURES		
Blood cholesterol level checked in past 5 years	73.8	74.8
Ever had sigmoidoscopy or colonoscopy--adults aged 50 and older	58.6	62.1
Had Pap test in past 3 years--women aged 18 and older	83.7	82.8
Had mammogram in past 2 years--women aged 40 and older	72.7	76.0
Flu shot in past 12 months (adults aged 65 and older)	76.2	71.5
Ever had pneumonia vaccination (adults aged 65 and older)	71.2	67.1
Visited dentist in past 12 months	71.3	71.2

TABLE 2
PERCENTAGE AND NUMBER OF PERSONS AT RISK DUE TO SPECIFIC FACTORS
NEBRASKA RESIDENTS AGED 18 AND OLDER
2007-2008

RISK FACTOR	Estimated % at Risk	Estimated # at Risk
General health is fair/poor	12.0	159,411
Activities limited by physical, mental, or emotional problems	17.8	236,460
No health insurance (aged 18 - 64)	14.5	158,308
No personal health care provider	15.1	200,592
Ever had a heart attack	3.9	51,809
Ever had a stroke	2.4	31,882
Told by a doctor they have diabetes	7.4	98,304
Currently have asthma	7.6	100,960
Currently have depression (Severity of Depression Index)	8.7	115,573
Serious Psychological Distress in past 30 days	2.6	34,539
Do not always wear seatbelt when driving or riding in a motor vehicle	29.8	395,871
Alcohol misuse		
• Heavy drinking	4.5	59,779
• Binge drinking	18.5	245,759
• Drinking and driving	6.8	90,333
Cigarette smoking	19.1	253,729
Obesity (BMI = 30+)	26.8	356,018
Overweight but not obese (BMI = 25.0 - 29.9)	37.6	499,488
Consume fruits/vegetables less than 5 times per day	24.1	320,151
No leisure-time physical activity	23.4	310,852
Ever told blood pressure is high	26.5	352,033
Not had cholesterol level checked in past 5 years	26.2	348,048
Not had sigmoidoscopy/colonoscopy to screen for colorectal cancer (aged 50+)	41.4	227,584
Not had mammogram in past 2 years (women aged 40 and older)	27.3	114,674
Never been tested for HIV (aged 18 - 64)	69.2	756,777
No flu shot in past 12 months (aged 65 and older)	23.8	56,322
Have not visited dentist in past 12 months	28.7	381,258

*Estimated number at risk = % at risk x Nebraska population aged 18 and older (unless otherwise noted).
Population data: 2007 U.S. Census estimates.